

Trichorrhæxis Nodosa Barbæ.—SPIEGLER'S (*Archiv für Dermatologie und Syphilis*, Bd. xli., Heft 1) conclusions concerning this affection are as follows:

Trichorrhæxis nodosa barbæ is a parasitic affection produced by a bacillus most probably identical with that described by Hodara. This bacillus is found constantly in the diseased hairs as heaps of cocci, as well as rods up to 12 μ long; it is found not only in the hairs themselves, but in the sub-epidermal part of the hairs and in the cells of the wall of the follicle. It may be cultivated upon the usual media. Sound hairs do not show such colonies, nor can the bacillus be cultivated from such hairs. Other micro-organisms, so far as known, cannot produce trichorrhæxis nodosa. Since the aim of rational therapy is to eliminate the cause of disease, regular shaving, epilation, and the application of parasiticide ointments are necessary.

Eruptions of Sudoral Origin.—PERRIN (*Annales de Dermatologie et de Syphiligraphie*, 1897, No. 11) calls attention to the various eruptions occurring during the heat of summer, associated with abundant perspiration. When the heat of summer is excessive a great number of inflammations of the skin, having a furunculous aspect, are observed. These are coincident with sudamina, miliaria, sudoral exanthemata, and dysidrosis, with a degree of frequency more or less marked, according to the heat. It is in infants that these eruptions are most frequent, and women are more predisposed to them than men. They are localized in those regions where the skin is delicate and the secretion of sweat most active, the places of predilection being the face, the scalp, the neck, the upper part of the trunk, the dorso-lumbar region, and the flexor surface of the upper extremities. The eruption consists of more or less voluminous nodes, frequently in great numbers, with or without the production of pus, tubercles, and papulo-pustules. Left to themselves, not all these lesions suppurate; some of them may become indurated and finally disappear. Cure is rapid if treatment is instituted and the patient is placed in proper hygienic conditions. These eruptions seem, like sudamina and miliaria, to be consecutive to the sudoral flux. Under the influence of this and the congestion of the skin, staphylococci find a soil suitable for their growth and acquire great virulence, causing adenitis or periaidenitis. They penetrate the sudoriparous glands and the pilo-sebaceous follicles.

Disseminated Gangrene of the Skin due to Iodide of Potassium.—AUDRY (*Annales de Dermatologie et de Syphiligraphie*, 1897, No. 11) reports the following case: A woman, aged forty-seven years, after an attack of seborrhœic eczema of the face, suffered from extreme nervousness, and upon the advice of a pharmacist, she took iodide of potassium internally, which produced a characteristic bullous eruption. Suppression of the drug was followed by a speedy cure. Two years later she again took a preparation containing iodide of potassium for a period of six months, at the end of which time she presented herself, with large ulcerations of the skin in the left axilla, beneath the left breast, in the bend of the left elbow, on the scalp, in the perineo-crural and in the lumbar regions, the most extensive

lesions being in the two last-named situations. The ulcers were sharp-cut, with slightly elevated borders. The mucous membranes were unaffected. The urine contained neither sugar nor albumin, but the patient's general health was bad.

Treatment of Lupus by Injections of Calomel.—DUBOIS-HAVENITH (*Annales de Dermatologie et de Syphiligraphie*, 1897, No. 12), at a séance of the Société Française de Dermatologie et de Syphiligraphie, reported fourteen cases of lupus treated by one of his former pupils, Dr. Asselbergs, by injections of calomel. The effect of these injections in almost all the cases was decided, being most marked when first employed, but growing weaker as the number was increased. A complete cure was obtained in several cases; in others a marked improvement was manifest. This treatment seems especially useful in old tuberculo-ulcerative cases with deep infiltration.

Pityriasis Rosea.—KROMAYER (*Dermatologische Zeitschrift*, Bd. iv., Heft 6) reports a case of pityriasis rosea produced by the irritation of new stockings. Fourteen days after a young woman had exchanged woollen stockings for new cotton ones a macular eruption resembling pityriasis rosea exactly appeared upon the legs up to the knees, covering those parts in contact with the stockings. The reporter concludes that the mechanical or chemical irritation of new underwear is one of the etiological factors concerned in the production of this disease.

Hydroa Æstivale, with Hæmatoporphyrin in the Urine.—McCALL ANDERSON (*British Journal of Dermatology*, January, 1898) reports two cases of hydroa æstivale occurring in brothers, in which the cutaneous eruption was complicated with the appearance in the urine of a Burgundy-colored pigment free from proteids and iron, allied to uro-hæmatoporphyrin. There was an eruption on the face, ears, and hands, which usually began in early summer and disappeared on the approach of winter. The disease began with sensations of itching and burning in one of the localities mentioned. In ten or twelve hours this was followed by the formation of blisters from a pea to a crown-piece in size. The rupture of these lesions was followed by cicatrization and contraction, and as a result the fingers became so stiff that the patient was unable to completely close his hands. The urine was of a light Burgundy-red color during the attacks, becoming normal in the intervals in the first case, but never resuming its normal color in the second.

Eosinophilous Cells in the Blood in Syphilis and Skin Diseases.—PETER (*Dermatologische Zeitschrift*, Bd. iv., Heft 6), from his investigations, concludes that in no form and in no stage of syphilis, even in extensive fresh eruptions, is there an increase of eosinophilous cells in the blood, and that the statements concerning their occurrence in skin diseases should be essentially modified. There are only a few diseases of the skin in which this increase frequently appears, as certain eczemas and forms of pemphigus. A constant increase of eosinophilous cells is found only in prurigo, and here it is demonstrable with the first appearance of the eruption in childhood. In the concurrence of skin diseases and eosinophilia it is by no means to be